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Navy & Marine Corps Medical News (MEDNEWS #01-27)  
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MN012701. Navy Blood Shortage Looming  
By Jan Davis, Bureau of Medicine and Surgery  
Washington, DC - It's a conundrum: When the Navy and Marine Corps need blood the most, donations often decline.  
"The number of people donating blood during the summer months almost always drops," said CDR Brenda Bartley, MSC, director of the Navy blood program at the Bureau of Medicine and Surgery in Washington, DC. Sailors and Marines take their families on vacations, get deployed, or are busy with summer activities so they miss blood drive opportunities. Navy blood centers have to scramble to get enough blood to meet their needs.  
And collection efforts may soon get even tougher. Beginning this September, the Navy - and all the Armed Services - will implement a new blood donation standard that will greatly reduce the possibility contracting variant Creutzfeld-Jakob Disease (nvCJD), the human form of "mad cow disease," through blood transfusions.  
The Department of Defense is still working on a finalized policy regarding blood donations, but the Food and Drug Administration is recommending that DoD personnel stationed at or visiting DoD bases in Europe for a total of 6 months or more from 1980 to 1996 be deferred from giving blood. After 1996, they would be deferred if they lived there a total of five years or more.  
The exception is for those who have lived in the United Kingdom. The standard for individuals who have lived there is even stricter. Donors are excluded from giving if they've lived in the U.K. for a total of three months from 1980 to 1996.  
Bartley stressed that although there has not been a single reported case of an individual contracting the disease through a transfusion, it is a "prudent, proactive decision because of the scientific uncertainty" of whether the disease can be spread by a blood transfusion.  
DoD-wide, it is expected that this tougher standard will reduce the number of active duty donors who are eligible to give blood by at least 25 percent. That will make it even more difficult for the Navy and the other services to maintain its blood inventory levels.  
"We're concerned about the impact on the blood supply," said Bartley. She explained that purchasing blood from civilian blood agencies to make up

the difference will probably not be an option since civilian agencies, including the Red Cross, are expecting to lose about eight percent of their eligible donors because of the new donor standard for non-DoD personnel.

The Navy collects about 25,000 units of blood each year, all from active duty members, their dependents, retirees and their families, and government civilian employees. The blood is used in a number of ways, primarily for patients at military treatment facilities. But there's a more far reaching reason.

"The Navy, Army and Air Force each have blood collection and distribution programs, separate from civilian blood collection agencies, to support military readiness," said Bartley. She emphasized that even without a major conflict, a lot of the blood is used for what DoD calls "operations other than war," which includes peacekeeping activities in Kosovo and Bosnia.

Military blood donor centers make weekly shipments of blood to support these operations, as well as to military hospitals in Korea, Japan, Spain, Italy, Sicily, Iceland, and Cuba.

To make up for the loss of eligible donors, the Navy is promoting military blood drives more aggressively and targeting new donors, such as young Sailors and Marines at training and school commands, who haven't traveled extensively to or deployed to Europe.

"We're going to be reminding individuals, senior leaders and commanding officers that giving blood is an important military responsibility," said Bartley. "It's important that eligible people donate to the blood program to support our military treatment facilities and, most importantly, meet our readiness requirements. If you can give blood, now's the time to do it. We need it."

The Navy has blood donor centers at Naval Medical Centers San Diego and Portsmouth, Naval Hospitals Great Lakes and Charleston, and U.S. Naval Hospitals Guam, Yokosuka and Okinawa. There is also an Armed Services Blood Bank Center located at National Naval Medical Center Bethesda, MD. These centers sponsor blood drives at military and federal facilities throughout the U.S. and the Western Pacific.

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#### MN012702. Plastic Tag May Help Corpsmen Save Marine Lives

By Jan Davis and Doris Ryan, Bureau of Medicine and Surgery

Silver Spring, MD - Hospital Corpsmen will tell you the most critical time for any Marine injured in combat is the first hour. During that hour, the quicker a fallen Marine gets medical help, the better the chances of survival.

Throughout the decades, the survival rate of casualties has greatly improved, thanks to faster transport and better medical care. Now researchers at the Naval Aerospace Medical Research Laboratory and its federal and industry partners are working on a technology that may get casualties medical treatment even more quickly - and it's all thanks to a piece of plastic no bigger than a dog tag.

The technology, called Tactical Medical Coordination System (TacMedCS), consists of a plastic tag embedded with a computer chip that can communicate with a palm-sized computer carried by a corpsman. The small computer, in turn, can communicate with larger systems, including the Global Positioning System.

"The benefit (of TacMedCS) to the Marine Corps is twofold," CAPT Chris Schuyler, MSC, head of advanced technology and the bioscience and expeditionary medicine office with the Marine Corps' Warfighting Laboratory. "First, we can locate and move a casualty into the medical system faster than before, and second, we can provide electronic treatment records that

can be accessed from a variety of sources to improve casualty management."

HML(FMF) Michael E. Stiney, who is the TacMedCS project manager at NAMRL, says the system is "like FEDEX for casualties." As the injured Marine progresses through the evacuation system, TacMedCS makes it possible to track his progress every step of the way - just like a commercially-sent express package. Stiney said not only is the casualty moved quicker, but because the information is "beamed" back even before he arrives, the medical team is waiting and prepared to provide appropriate treatment, which saves additional time.

TacMedCS was recently field tested during Project Metropolis, an exercise sponsored by the Marine Corps Warfighting Laboratory and the First Marine Expeditionary Force.

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MN012703. Ecstasy: A Real Killer

From Navy Wire Service

Washington, DC - Ecstasy will not only kill your Navy career, but it can also kill you.

For this reason, the Navy has targeted the drug ecstasy, also known as MDMA, as a hazard to readiness and force protection.

Protecting Sailors and Marines is a major component of force protection and to succeed it requires a team effort.

Preparedness and individual personal performance are essential.

Drug use dulls the "combat edge" that military personnel need to be able to respond effectively in an operationally intense environment.

Therefore, the Navy has "zero tolerance" for illicit drugs.

Individuals found guilty of illegal drug use face an other than honorable discharge in addition to reduction in grade and loss of pay.

An adverse military discharge results in a loss of Veterans Affairs educational benefits, including the Montgomery GI Bill. A drug conviction can also result in a loss of other federal college fund benefits. Sharing of drugs is distribution that most likely will end in serious jail time and a bad conduct discharge.

Sailors and Marines who use ecstasy are under the impression that it is a "safe" drug. This is far from the truth.

For those who chose to ignore the warning, ecstasy, also known as "adam," "XTC," "hug," "beans" and "love drug," has resulted in hospitalization and even death. Medical risks associated with ecstasy use include:

- A sharp increase in body temperature that can result in dehydration, muscle breakdown, and kidney and cardiovascular system failure;

- Psychological difficulties, including confusion, depression, sleep problems, drug craving, severe anxiety and paranoia that can sometimes last weeks after taking ecstasy;

- Physical symptoms such as muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness and chills or sweating;

- Increases in heart rate and blood pressure, a special risk for people with undiagnosed circulatory or heart disease.

Adverse drug reactions are frequently associated with ecstasy use. Ecstasy is often "cut" with other drugs, or drug substitutes are sold as ecstasy. The danger is a "Russian roulette" for a reaction to these drug mixtures, especially individuals who are already taking other prescribed or over-the-counter medications.

What can Sailors and Marines do to combat illegal drug use? Become knowledgeable about and familiar with the signs of drug use.

Command leadership is key. Everyone from the commanding officers to

the leading petty officers are tasked to ensure all members of their staff are educated to the impact of drug use on unit readiness and force protection.

There are two training packages available at the Navy Personnel Command (NAVPERSCOM) Pers-6 Web site, [navdweb.spawar.navy.mil](http://navdweb.spawar.navy.mil). One is Work Center Supervisor Training and the other for Ecstasy Awareness Training. A randomization drug testing software program is also available at [navdweb.spawar.navy.mil](http://navdweb.spawar.navy.mil).

An effective command drug-testing program also improves force protection. The best deterrent to drug use is to raise the perceived risk of detection through frequent random testing.

Once the risk of detection is heightened, the willingness to use drugs drops significantly. Studies have shown that implementing an effective program of drug testing and drug education reduces the level of drug use.

For additional information, contact your command drug and alcohol program advisor or go to [navdweb.spawar.navy.mil](http://navdweb.spawar.navy.mil). NAVPERSCOM (Pers-603) can be reached at DSN 882-4240 or (901) 874-4240, or e-mail at <mailto:P603C@persnet.navy.mil>.

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MN012704. "Mirror Image" Ensures Seamless Naval Reserve Assist  
By JO1 Maria Christina Mercado, Naval Hospital Pensacola

Pensacola, FL - They are academic counselors and insurance adjusters. Administrators with world-wide healthcare agencies. Physicians with burgeoning private practices. But for two weeks each year, they put on the uniform and become an integrated part of Naval Hospital Pensacola, providing medical support and also the training needed to ensure their readiness.

Recently, more than 140 Naval Reservists reported to the hospital to take part in the simulation of the activation of the hospital's active duty Fleet Hospital unit, such as what might happen during another Desert Storm-sized conflict or humanitarian mission. Working side by side, Navy and Naval Reserve personnel provided patient care, and updated their skills to meet the Navy's medical readiness mission.

This "mirroring" of active duty and Reservists is part of the Integrated Medical Support Program, which is healthcare's backbone in case of a major deployment of the active duty Fleet Hospital at Pensacola. When Fleet Hospital Pensacola is deployed, Reserve Hospital Pensacola is activated in order to fill the billets vacated by deployed active duty members.

"There was an outstanding integration on the part of all staff members," said CAPT Lane Johnson, MSC, who would act as the hospital's executive officer (XO) should the Fleet Hospital be called up. Johnson's Naval Reserve job is commanding officer of IMSP Pensacola, a component comprised of 22 Naval Reserve units throughout the Southeast. His civilian job is an administrator for Blue Cross and Blue Shield of Tennessee. The hospital's active duty Executive Officer, CAPT James R. Hoffower, NC, becomes the Fleet Hospital commanding officer should it be activated.

Pensacola has long been supported by Naval Reservists. In 1990-91, Reservists moved into the hospital after active duty staffers deployed in support of the Persian Gulf War. Reservists came back again in 1994 to support the hospital when active duty personnel deployed to Guantanamo Bay, Cuba, on a humanitarian mission.

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MN012705. Bremerton Graduates Family Medicine Physicians  
By Judith Robertson, Naval Hospital Bremerton

Bremerton, WA - Naval Hospital Bremerton launched six first year

interns and six third year residents into their careers as Navy Family Physicians recently during a ceremony that packed the house.

Forty-eight Family Medicine physicians have passed through the teaching halls of Naval Hospital Bremerton since the inception of the Puget Sound Family Medicine Residency program in 1990.

Several of those matriculating received award recognition, including LCDR David Congdon, MC, who received both the Navy and Marine Corps Achievement Medal and the Resident Teacher Award from the Society of Teachers of Family Medicine for his ability and commitment to family medicine education. LCDR Russell B Hays Jr., MC, and LCDR Karlyna Andersen, MC, also received Achievement Medals.

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MN012706. This Month in Navy Medicine History

- July 7, 1948 - Ruth Flora becomes the first woman to become a member of the Navy Hospital Corps.

- July 11, 1945 - The famous Suribachi flag raising photo, depicting a Navy hospital corpsman and three Marines raising the flag after this important World War II victory, became the first in a series of U.S. Victory stamps. It was the first time a hospital corpsman - and Sailor - was on a U.S. postal stamp.

- July 22, 1964 - HMC Sandus Manning and three other Sailors submerged in Sealab I, a research vessel, to a depth of 192 feet off the coast of Bermuda. They stayed under the sea for 10 days.

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MN012707. TRICARE Prime Enrollment Enhanced for Junior Enlisted Families

Active duty family members of Navy or Marine Recruit to E-4: Are you aware that enrolling in TRICARE Prime increases your access to care at a military treatment facility, and reduces your potential out-of-pocket costs? Were you aware the one-year "lockout" provision for early TRICARE Prime disenrollment is eliminated for you? Did you know that as of April 1, 2001, copayments (except at civilian pharmacies) were eliminated for TRICARE Prime enrollees?

Read on, there's even more good news for you!

Beginning last month, sponsors of family members E-1 through E-4 who have not enrolled in TRICARE Prime will receive a letter from the Department of Defense's TRICARE Management Activity that will encourage them to contact their nearest TRICARE Service Center to talk about their family's healthcare needs and benefit options.

The TMA is encouraging junior enlisted personnel to enroll in Prime as the best option for most young families.

Benefits of TRICARE Prime enrollment include priority access at the military treatment facility, timely access to a designated primary care manager, minimal out-of-pocket costs, and no claim forms for family members to file. Family members of E-1 through E-4 sponsors can also elect to disenroll at any time and not be subject to the one-year waiting period before they can re-enroll.

After this initial mailing of the TMA letter, young families who are eligible for these enhancements will be identified during in-processing.

Family members who elect TRICARE Prime will complete an enrollment application. Once enrolled, the family member's enrollment is "portable" - that is, it can be transferred to different TRICARE regions as the family relocates.

Additional information on TRICARE Prime enrollment is available on the Military Health System/TRICARE website at [www.tricare.osd.mil](http://www.tricare.osd.mil) or by contacting a local TRICARE Service Center.

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MN012708. Dietary Supplements: Ask Your Doctor To Be Sure  
By Gerry J. Gilmore, American Forces Press Service

Washington, DC - People thinking about taking dietary supplements to pep up, bulk up or slim down ought to ask their doctor or other health provider first.

Dietary supplements can affect different people differently and may also interact adversely with prescription drugs, said Army Col. Mike Heath, the pharmacy consultant with the Office of the Army Surgeon General.

"It is in your best interest to talk to your health care provider before you take a dietary supplement," Heath said, "particularly if you know that you have a family history of heart disease, high blood pressure, diabetes, [or] asthma."

Dietary supplements, which include so-called energy boosters, over-the-counter diet pills and bodybuilding drinks or mixes, can also pose risks for people not taking prescription drugs.

"Anytime you put a chemical in your body, your body metabolizes or digests it, and there can be potential side effects," he noted, to include allergic reactions.

Heath said energy-enhancing dietary supplements provide a caffeine-like boost, similar to how strong coffee affects the central nervous system.

"It is a stimulant - it gives you a 'buzz' and affects the heart and cardio-vascular system in terms of raising your blood pressure and increasing the heart rate," he explained.

Heath recommends that military members not take dietary supplements, such as products containing the chemical compound ephedra, before engaging in strenuous physical activity.

"I'd caution them not to take these performance enhancing drugs or energy boosters and then go out and perform the PT test, particularly in hot weather," he said. "If you had some underlying problems, you could be setting yourself up for potentially serious side affects."

People should also be aware that, with the exception of vitamins, the Food and Drug Administration doesn't regulate dietary supplements the same way as it does prescription and other over-the-counter products, Heath said.

Under the Dietary Supplement Health and Education Act of 1994, the dietary supplement manufacturer is responsible for ensuring that a dietary supplement is safe before it is marketed, according to the FDA (see [vm.cfsan.fda.gov](http://vm.cfsan.fda.gov) <<http://vm.cfsan.fda.gov>> website).

The FDA is responsible for taking action against any unsafe dietary supplement product after it reaches the market, according to the website. Generally, manufacturers do not need to register with FDA nor get FDA approval before producing or selling dietary supplements.

There is no [FDA] standardization of quality control in terms of what is in dietary supplements, Heath noted, adding that the potency of doses and other inert additives can vary from batch to batch.

The bottom line, Heath said, is that dietary supplements are "chemicals you are putting into your body."

"How do you know, unless you ask someone qualified, whether or not these products can interfere with other drugs, to include any other over-the-counter products that you are taking?" he concluded.

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Navy & Marine Corps Medical News (MEDNEWS) is a weekly compendium of news and information contributed by commands throughout the Navy Medical Department.

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